



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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July 28, 2005

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED - 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlements from the following individuals who were injured in a third party compensatory accident and received care at a non-County medical facility under the Trauma Care Agreement program:

Account Number 10948082 in amount of \$3,900
Account Number 10948083 in amount of \$14,861
Account Number 10948084 in amount of \$4,295.91
Account Number 10948085 in amount of \$8,333.33
Account Number 10948086 in amount of \$2,444.10
Account Number 10948087 in amount of \$8,600
Account Number 10948089 in amount of \$7,352.29
Account Number 10984448 in amount of \$16,454.80
Account Number 10984446 in amount of \$2,018
Account Number 10984447 in amount of \$26,199.74

PURPOSE OF THE RECOMMENDATION:

The amounts above are the highest amounts that could be negotiated with responsible third parties for the care rendered.

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation because it facilitates the County's receipt of payment for services for which has already been paid. The Department of Health Services concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of funds due the County.

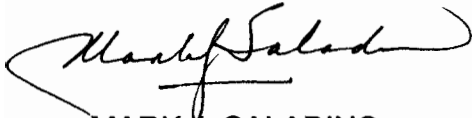
FISCAL IMPACT:

This will expedite the County's receipt of \$94,459.17.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

The County has entered in a number of agreements (Trauma Care Agreement) with non-County medical facilities under which it pays for trauma care provided to certain patients at those facilities. The Trauma Care Agreement allows the County, after it has made payment for a particular patient, to pursue recovery from third parties, who are financially responsible for such trauma care. In the cases set forth above, the County has been able to negotiate with responsible third parties for payments of a portion of the charges for the trauma related care. All of these are cases involving, personal injury settlements.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.75

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75A
DATE: July 28, 2005

Amount of Aid	\$40,193.60	Account Number	10948082
Amount Paid	.00	Name	Adult Male
Balance Due	40,193.60	Service Date	11/24/03 to 11/30/03
Compromise Amount Offered	3,900.00	Facility	Non-County Operated
Amount to be Written Off	\$36,293.60	Date of Service	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at St. Francis Medical Center at a cost of \$40,193.60. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$14,861.00.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	262.85	.00	.00%
Mansouri Tafreshi Chiropractic	350.00	350.00	2.33%
County of Los Angeles	40,193.60	3,900.00	26.00%
Downey Orthopedic Medical Group	150.00	150.00	1.00%
Brookshire Imaging	400.00	400.00	2.67%
City of Downey	100.00	100.00	.67%
St. Francis Radiology Medical Group	100.00	100.00	.67%
Net to Client	N/A	5,000.00	33.33%
Total	\$46,556.45	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75B
DATE: July 28, 2005

Amount of Aid	\$48,593.84	Account Number	10948083
Amount Paid	.00	Name	Adult Male
Balance Due	48,593.84	Service Date	09/01/03 to 09/07/03
Compromise Amount Offered	14,861.00	Facility	Non-County Operated
Amount to be Written Off	\$33,732.84	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Holy Cross Medical Center at a cost of \$48,593.84. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$14,861.00.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$16,667.00	\$12,500.00	25.00%
Attorney Cost	262.85	.00	.00%
Providence Holy Cross Trauma Group	1,134.00	1,383.00	2.77%
California Emergency Physicians	767.00	819.32	1.64%
Advanced Cardiovascular Group	40.00	40.00	.08%
Professional Imaging Medical Group	1,200.00	600.00	1.20%
County of Los Angeles	48,593.84	14,861.00	29.72%
Net to Client	N/A	19,796.68	39.59%
Total	\$68,665.69	\$50,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75C
DATE: July 28, 2005

Amount of Aid	\$72,812.16	Account Number	10948084
Amount Paid	.00	Name	Adult Male
Balance Due	72,812.16	Service Date	03/05/04 to 03/09/04
Compromise Amount Offered	4,295.91	Facility	Non-County Operated
Amount to be Written Off	\$68,516.25	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Northridge Hospital at a cost of \$72,812.16. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$12,089.00.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	310.00	310.00	2.06%
Orthopedic Medical Center	6,379.00	970.66	6.47%
Memrad Medical Group	1,437.00	574.80	3.83%
Steven Cantamount, M.D.	1,068.00	668.00	4.45%
Northridge Emergency Medical Group	1,087.00	700.00	4.66%
Paramount Family Clinic	785.00	400.00	2.67%
Los Angeles City Fire	621.25	621.25	4.15%
County of Los Angeles	72,812.16	4,295.91	28.64%
Northridge Trauma Surgeons	500.00	200.00	1.34%
Net to Client	N/A	1,259.38	8.40%
Total	\$89,999.41	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75D
DATE: July 28, 2005

Amount of Aid	\$123,405.00	Account Number	10948085
Amount Paid	.00	Name	Adult Female
Balance Due	123,405.00	Service Date	07/10/04 to 08/03/04
Compromise Amount Offered	8,333.33	Facility	Non-County Operated
Amount to be Written Off	\$115,071.67	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Long Beach Memorial Medical Center at a cost of \$123,405.00. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$51,700.00.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	.00	.00	.00%
County of Los Angeles	123,405.00	8,333.33	33.33%
Net to Client	N/A	8,333.34	33.34%
Total	\$131,738.33	\$25,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75E
DATE: July 28, 2005

Amount of Aid	\$22,299.70	Account Number	10948086
Amount Paid	.00	Name	Adult Male
Balance Due	22,299.70	Service Date	09/06/04
Compromise Amount Offered	2,444.10	Facility	Non-County Operated
Amount to be Written Off	\$19,855.60	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Long Beach Memorial Medical Center at a cost of \$22,299.70. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$7,500.00.

The attorney has settled the case for the amount of \$7,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 2,325.00	\$2,325.00	31.00%
Attorney Cost	167.70	167.70	2.24%
County of Los Angeles	22,299.70	2,444.10	32.59%
Long Beach Pathology	150.25	.00	.00%
Net to Client	N/A	2,563.20	34.17%
Total	\$24,942.65	\$7,500.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75F
DATE: July 28, 2005

Amount of Aid	\$60,191.00	Account Number	10948087
Amount Paid	.00	Name	Adult Male
Balance Due	60,191.00	Service Date	07/23/04 to 7/31/04
Compromise Amount Offered	8,600.00	Facility	Non-County Operated
Amount to be Written Off	\$51,591.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Long Beach Memorial Medical Center at a cost of \$60,191.00. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$22,900.00.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
Attorney Cost	305.00	305.00	1.02%
Pacific Orthopedic & Rehab Medical	2,800.00	1,400.00	4.67%
County of Los Angeles	60,191.00	8,600.00	28.67%
Net to Client	N/A	9,695.00	32.31%
Total	\$73,296.00	\$30,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 75G
DATE: July 28, 2005

Amount of Aid	\$39,762.35	Account Number	10948089
Amount Paid	.00	Name	Adult Female
Balance Due	39,762.35	Service Date	03/09/03 to 03/12/03
Compromise Amount Offered	7,352.29	Facility	Non-County Operated
Amount to be Written Off	\$32,410.06	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Long Beach Memorial Medical Center at a cost of \$39,762.35. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$7,352.35.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	252.71	252.71	1.70%
Cardiovascular Consultants	540.00	90.00	.60%
Advance GI Consultants	750.00	125.00	.84%
CA Emergency Physicians	956.00	700.00	4.61%
Advance Cardiovascular Medical Group	160.00	80.00	.54%
Roberto E. Thompson, M.D.	1,190.00	200.00	1.34%
Holy Cross Trauma Group	585.00	200.00	1.34%
Professional Imaging	3,185.00	1,000.00	6.68%
County of Los Angeles	39,762.35	7,352.29	49.02%
Net to Client	N/A	.00	.00%
Total	\$52,381.06	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 75H
DATE: July 28, 2005

Amount of Aid	\$49,339.59	Account Number	10984448
Amount Paid	.00	Name	Adult Male
Balance Due	49,339.59	Service Date	02/08/03 to 02/12/03
Compromise Amount Offered	16,454.80	Facility	Non-County Operated
Amount to be Written Off	\$32,884.79	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Holy Cross Medical Center at a cost of \$49,339.59. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$9,480.00.

The attorney has settled the case for the amount of \$24,669.80 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,222.00	\$ 8,215.00	32.94%
Attorney Cost	.00	.00	.00%
County of Los Angeles	49,339.59	16,454.80	67.06%
Net to Client	N/A	.00	.00%
Total	\$57,561.59	\$24,669.80	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 75I
DATE: July 28, 2005

Amount of Aid	\$33,074.33	Account Number	10984446
Amount Paid	.00	Name	Adult Female
Balance Due	33,074.33	Service Date	01/12/04 to 01/13/04
Compromise Amount Offered	2,018.00	Facility	Non County Operated
Amount to be Written Off	\$31,056.33	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Holy Cross Medical Center at a cost of \$33,074.33. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$5,775.00.

The attorney has settled the case for the amount of \$7,499.71 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,000.00	\$2,500.00	33.33%
Attorney Cost	385.66	358.66	4.78%
County of Los Angeles	33,074.33	2,018.00	26.92%
United Health	2,955.00	813.00	10.84%
AMB Ambulance Service	943.00	424.60	5.66%
Net to Client	N/A	1,385.48	18.47%
Total	\$40,357.99	\$7,499.74	100.00%

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TRANSMITTAL NO. 75J
DATE: July 28, 2005

Amount of Aid	\$55,734.57	Account Number	10984447
Amount Paid	.00	Name	Adult Male
Balance Due	55,734.57	Service Date	08/27/03 to 8/29/03
Compromise Amount Offered	26,199.74	Facility	Non-County Operated
Amount to be Written Off	\$29,534.83	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Northridge Hospital at a cost of \$55,734.57. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$8,239.00.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

	Total Claim	Proposed Settlement	Percent of Settlement
Disbursements			
Attorney Fees	\$ 33,637.00	\$ 33,000.00	33.00%
Attorney Cost	.00	.00	.00%
Memrad Medical Group	1,230.00	1,230.00	1.25%
Northridge Emergency Medical	519.00	519.00	.52%
Northridge Trauma Surgery	500.00	450.00	.45%
Bob's Rexall Drugs	274.00	200.00	.20%
Dong Yang, M.D.	935.00	748.00	.75%
Los Angeles Orthopedic Institute	2,640.00	1,000.00	1.00%
Los Angeles Fire Department	610.00	355.00	.35%
Nosrat Javidan, M.D.	3,950.00	3,950.00	3.95%
County of Los Angeles	55,734.57	26,199.74	26.19%
Net to Client	N/A	32,348.26	32.34%
Total	\$100,029.57	\$100,000.00	100.00%